

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9274</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>JOHN</u> <u>PERTILONE</u> P O Box, Bldg, Room No, if any _____ Street <u>145 WASHINGTON AVE</u> City <u>ROCHESTER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>14617</u>	4 Name, file number, and address of labor organization Name <u>UA LOCAL 13 PLUMBERS STEAMFITTERS</u> Labor Organization File Number <u>055-764</u> P O Box, Building and Room Number, if any _____ Street <u>1645 ST PAUL ST</u> City <u>ROCHESTER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>14621</u>
5 Position in labor organization <u>BUSINESS MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____ 7 b Amount _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions.)	
Signed <u>John Pertilone</u>	On <u>8/5/05</u> <u>585-338-2360</u> Date Telephone Number

Name of Person Filing JOHN PERTICONG	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input type="text"/></p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No, if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing <input type="text"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12 b Amount <input type="text"/></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>							
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name STOFFEL & CO CPAS</p> <p>Trade Name, if any <input type="text"/></p> <p>P O Box, Bldg, Room No, if any <input type="text"/></p> <p>Street 31 Union</p> <p>City SPENCERPORT</p> <p>State NEW YORK ZIP Code + 4 14559</p>	<p>14 a Nature of payment.</p> <table style="width:100%"><tr><td style="width:30%">6/3/04</td><td style="width:40%">GOLF</td><td style="width:30%">66.00</td></tr><tr><td>6/3/04</td><td>Food Beverage</td><td>42.00</td></tr></table> <p>14 b Amount of payment. \$108.00</p>	6/3/04	GOLF	66.00	6/3/04	Food Beverage	42.00
6/3/04	GOLF	66.00					
6/3/04	Food Beverage	42.00					
<p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>							

Name of Person Filing JOHN PERTICONE	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box Bldg Room No , if any Street City State ZIP Code + 4	9 Business deals with <div style="margin-left: 40px;"> a Labor Organization b Trust c Employer </div>
10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received 12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name BONADIO ? CO. LLP Trade Name if any P O Box Bldg , Room No , if any Street 171 SULLY'S TRAIL City PITTSFORD State NEW YORK ZIP Code + 4 14534	14 a Nature of payment. <div style="margin-left: 40px;"> 6/4/04 Breakfast - \$ 8.00 12/1/04 Dinner \$ 84.00 </div>
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment \$ 92.00

Name of Person Filing JOHN PETZICOWE	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No, if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Local 13 Joint apprentice Training Council

Trade Name, if any

P O Box Bldg, Room No if any

Street 1645 ST Paul ST

City Rochester

State New York ZIP Code + 4 14621

14 a Nature of payment

7/7/04 Appren. Banquet & GOLF 76⁰⁰
12/9/04 JATC XMAS Dinner 115⁰⁰

13 b Is the Business an Employer or Consultant ?

14 b Amount of payment

\$ 191⁰⁰

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name [REDACTED]

Trade Name, if any [REDACTED]

P O Box, Bldg, Room No, if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State New York ZIP Code + 4 14621

9 Business deals with☒ a Labor Organization☐ b Trust☐ c Employer**10 If 9 b or 9 c. is checked give trust or employer's name**

Name [REDACTED]

Trade Name, if any [REDACTED]

P O Box, Bldg, Room No, if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

11 a Nature of such dealing

[REDACTED]

11 b Approximate dollar value of such dealing

[REDACTED]

12 a Nature of interest held or income received

[REDACTED]

12 b. Amount

[REDACTED]

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name [REDACTED]

Trade Name, if any [REDACTED]

P O Box, Bldg, Room No, if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

14 a. Nature of payment.

[REDACTED]

13 b Is the Business an Employer ☒ **or Consultant** ☐ ?**14 b Amount of payment.**

[REDACTED]

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any)

Name **MANNING & MANNING ADVISORS, INC.**

Trade Name, if any

P O Box, Bldg, Room No, if any

Street **290 WOODLIFE DRIVE**City **FAIRPORT**State **NEW YORK** ZIP Code + 4 **11731**

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street **1645 8th Avenue Street**City **ROCKY HILL**State **CONNECTICUT** ZIP Code + 4 **06067**

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

Approximate dollar value \$90

12 a Nature of interest held or income received

12 b Amount

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name [REDACTED]

Trade Name, if any [REDACTED]

P O Box, Bldg, Room No, if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

10 If 9 b or 9 c. is checked give trust or employer's name

Name [REDACTED]

Trade Name, if any [REDACTED]

P O Box, Bldg, Room No, if any [REDACTED]

Street [REDACTED]

City [REDACTED]

State [REDACTED] ZIP Code + 4 [REDACTED]

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c. Employer

11 a Nature of such dealing

[REDACTED]

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

[REDACTED]

12 b. Amount.

[REDACTED]